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FILED

Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000035410 (4)

1. Corporation Name

KIKI AUTO AIR CONDITIONER INC.



Principal Place of Business

5303 N.W. 7TH STREET
UNIT A
MIAMI FL 33126

Mailing Address

5303 N.W. 7TH STREET
UNIT A
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

65-0746469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

2. Principal Place of Business

21 5303 NW 7TH STREET

Suite, Apt. #, etc.

22 UNIT B

City & State

23 MIAMI

Zip

24 33126

Country

25 DADE

2a. Mailing Address

26 5303 NW 7TH ST.

Suite, Apt. #, etc.

27 UNIT B

City & State

28 MIAMI

Zip

29 FL

Country

30 DADE

9. Name and Address of Current Registered Agent

ARMAS, JOSE M.,
1122 N.W. 24TH COURT
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name NIEBLAS, FAUSTINO

82 Street Address (P.O. Box Number is Not Acceptable)

1220 SW 89 CT

83

84

City MIAMI

FL

85 Zip Code

33174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1509, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent; signature required when reinstating)

2/11/98

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NIEBLAS, FAUSTINO

STREET ADDRESS 1220 SW 89 CT.

CITY-ST-ZIP MIAMI FL 33174

TITLE SD ☐ DELETE

NAME DE NIEBLAS, RAQUEL C

STREET ADDRESS 1220 SW 89 CT.

CITY-ST-ZIP MIAMI FL 33174

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raquel C. Nieblas*

1/9/98 (305) 444-1628

CR2E034 (10/97)